

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022274

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 112

FILED JUL 5 1962

1. PLACE OF DEATH

a. COUNTY

Cass

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Harrisonville

Length of stay in 1b

2 hours

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Memorial Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cass

c. CITY

OR

TOWN Garden City

Inside Limits

Yes ☐ No ☒

d. STREET

(If outside, give location)

ADDRESS

5 miles North

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Alfred

Middle

Lloyd

Last

Yoder

4. DATE
OF
DEATH

Month

6

Day

25

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3/23/1895

9. AGE (last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Gunn City, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Daniel F. Yoder

13b. MOTHER'S MAIDEN NAME

Fannie Troyer

14. NAME OF HUSBAND OR WIFE

Zella Yoder

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of serv

yes

W.W. I

17. INFORMANT

Address

Mrs. Zella Yoder Garden City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line - (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

Coronary Occlusion
Atherosclerosis

INTERVAL BETWEEN ONSET AND DEATH

4 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 6-22-62 to 6-25-62 and last saw him alive on 6-25-62Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6/27/1962

23c. NAME OF CEMETERY OR CREMATORY

Clearfork Cemetery

23d. LOCATION (City, town, or county)

Garden City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Arthur H. Harty Shelton City, Mo. June 27-1962 Mrs. Roy Harty

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

AUG 1 1962
SEP 18 1962

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

working under my personal supervision.

Signed Walter H. H. H. H.

Licensed Embalmer No. 4688

P. O. Address London City, N.Y.

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.